

**APPENDIX 2**

**CONTINUING EDUCATION COMPLIANCE FORM**

Please type or print clearly and legibly in ink. Please submit only one compliance form for each two-year compliance period and complete every section of the form.

**THIS COMPLIANCE PERIOD IS FROM:** July 1, \_\_\_\_\_ - June 30, \_\_\_\_\_

**SECTION I - GENERAL INFORMATION**

Name: \_\_\_\_\_

City/State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Contact Numbers: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Certified Language(s): \_\_\_\_\_

**SECTION II - SKILLS AND KNOWLEDGE**

Please list your continuing education activities for the current compliance period. You must complete a total of 10 hours of continuing education, including 4 hours in Ethics/Skills Building activities.

**Continuing Education Activities (please attach proof of attendance.)**

|                  |                   |
|------------------|-------------------|
| Activity (Title) | Date(s)           |
| Provider (Name)  | Number of credits |

|                  |                   |
|------------------|-------------------|
| Activity (Title) | Date(s)           |
| Provider (Name)  | Number of credits |

|                  |                   |
|------------------|-------------------|
| Activity (Title) | Date(s)           |
| Provider (Name)  | Number of credits |

|                  |                   |
|------------------|-------------------|
| Activity (Title) | Date(s)           |
| Provider (Name)  | Number of credits |

**TOTAL CREDITS:** \_\_\_\_\_